

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/594240</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
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45		2											
46		2											
47		2											
48		2											
49		2											
50		2											
TOTAL IND.	6	↓	0	↓	0	↓							
TOTAL DEP.	62	←	0	←	0	←							
TOTAL CLAIMS	68		0		0								
51		2											
52		2											
53		3											
54		3											
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TOTAL IND.	0	↓	0	↓	0	↓							
TOTAL DEP.	10	←	0	←	0	←							
TOTAL CLAIMS	10		0		0								